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CONFIRMATION NO. 8962

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**** CONTINUING DATA *******
 This application is a DIV of 10/024,932 12/18/2001 ABN
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**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
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ADDRESS /A.H./ 3/2/2011
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TITLE
 Gastric retentive oral dosage form with restricted drug release in the lower gastrointestinal tract

FILING FEE RECEIVED 1023	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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